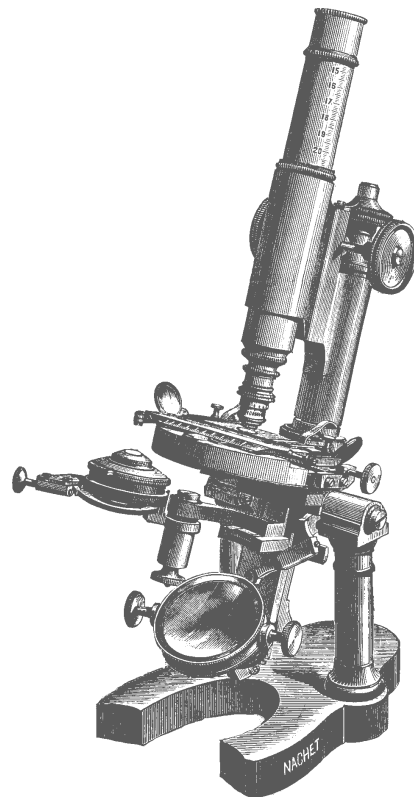


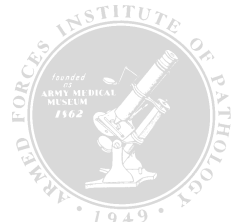
ARMED FORCES INSTITUTE OF PATHOLOGY

ANNUAL REPORT

1995



**ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, D.C.**



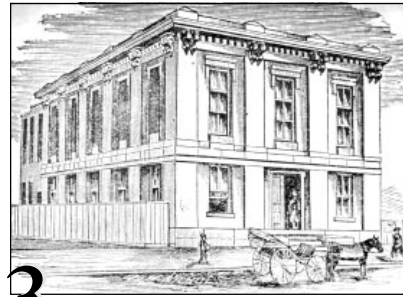
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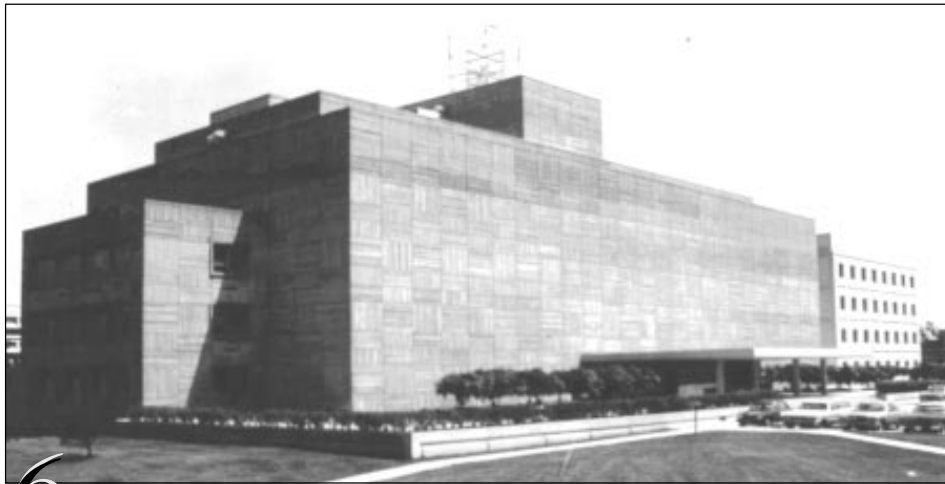
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1. Riggs Bank Building, Pennsylvania Ave. and 15th St., N.W., 1862–1863
2. 180 Pennsylvania Ave., N.W., 1863
3. Corcoran Schoolhouse, 1325 H Street, N.W., 1863–1866
4. Ford's Theatre, 511 10th St., N.W., 1866–1887
5. The “Old Red Brick,” 7th St. and Independence Ave., S.W., 1888–1954
6. Home of the Institute on the grounds of Walter Reed Army Medical Center since 1955



THE DIRECTOR'S MESSAGE

NINETEEN NINETY-FIVE was a year of change for the Armed Forces Institute of Pathology. On June 9, I was honored to take the reins of command from Vernon W. Armbrustmacher, Col, USAF, MC. Col Armbrustmacher has been in a leadership position at the AFIP for many years, and served with distinction as chair of the Department of Neuropathology from 1980-1984; as Deputy Director, Air Force, from 1984-1991; and as Director from 1991-1995. In July 1995, he began a forensic pathology fellowship at the Office of the Medical Examiner, University of New Mexico School of Medicine, Albuquerque, New Mexico. We wish him well.

AFIP has accomplished much over the past 4 years thanks to Colonel Armbrustmacher's leadership. He spearheaded the development of our telepathology pilot program and oversaw the growth of the Department of Defense's (DoD) DNA Registry. One of his finest accomplishments was to coordinate the Clinical Laboratory Improvement Program, which registered and now monitors all DoD laboratories.

Col Armbrustmacher also chaired the Triservice Laboratory Joint Working Group (LJWG), which initially met in January 1995 to discuss ways to improve medical laboratory services in the DoD health care system. The group continues to make major strides in cost savings and innovation, improving productivity and the quality of laboratory services for the patient and clinician.

Department of Defense (DoD) customers remained our top priority during 1995. Sixty percent of the cases we receive each year come

from the military or other federal agencies, and we need to continue strengthening these ties. In 1995, we began looking at ways to develop short "sabbaticals" of 1 or 2 months for military pathologists to come to AFIP for training and research. The knowledge gained from their experience here can be taken back to their home medical treatment facilities, while we would benefit from their fresh ideas and perspectives. I'd also like to make our preeminent staff more widely available for travel to military medical centers around the country. Their wealth of knowledge would be invaluable to military pathologists and clinicians in the field.

Our mission at AFIP is to provide the worldwide medical community with excellence in consultation, education, and research, and 1995 proved to be another outstanding year for us in these three areas.

We reviewed over 48,000 second-opinion consultations during 1995, seeing some of the most difficult, unusual, controversial, and hard-to-diagnose cases in the world. "Personal contact" was emphasized throughout the year. In cases requiring extensive tests, AFIP staff members now call the contributor directly with a preliminary diagnosis. We also improved our internal case-handling methods and created a "hotline" for contributors to call with questions (1-800-774-8427) about their case. AFIP's Consultation Committee, consisting of eight staff pathologists, continues to look at ways to improve our service. We welcome any comments or suggestions you may have.

AFIP's Center for Advanced Medical Education provided over 60,000 training days to pathologists, other physicians, and health care professionals during 1995. This figure includes 33,000 training days in radiologic-pathologic correlation offered by the Department of Radiologic Pathology. The course is given each year to over 1,100 radiologists from 98% of the residency programs in the United States.

In 1995, we expanded our international offerings by holding a new Spanish language version of "Controversies and Recent Advances in Surgical Pathology" in San Juan, Puerto Rico. Another new course, "Difficult Diagnoses in Surgical Pathology," was held in Charleston, South Carolina. Both were well attended and received favorable reviews, and we look forward to holding them again in 1996.

AFIP's National Tissue Repository is equaled no place else in the world, and this bodes well for

the future of pathology research. Two more specific research areas that we are now implementing are telemedicine and telepathology. Our technical expertise has been proven, and we are now poised to implement them throughout the Department of Defense. They will become more and more important in upcoming years.

I welcome your comments about the Institute and its programs.

Feel free to contact me in care of AFIP-ZA, Washington, DC 20306-6000; telephone (202) 782-2111 (DSN 662-2111); or by e-mail to: <Dickerso@email.afip.osd.mil>.



Michael J. Dickerson
Col, USAF, MC
The Director



1995

ANNUAL REPORT

Armed Forces Institute of Pathology
Washington, DC, 20306-6000

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MISSION



THE ARMED FORCES INSTITUTE OF PATHOLOGY has a threefold mission—*CONSULTATION, EDUCATION, AND RESEARCH*. The Institute has the responsibility to maintain a central laboratory of pathology for consultation and diagnosis of pathologic tissue for the Department of Defense, other federal agencies, and civilian pathologists; conduct experimental, statistical, and morphological research in pathology; provide instruction in advanced pathology and related subjects to medical, dental, and veterinary personnel; train enlisted personnel of the armed forces in histopathology and related techniques; prepare publications and teaching aids; loan pathologic, photographic, and other educational material to other Federal agencies and qualified individuals; maintain medical illustration services; maintain the National Museum for Health and Medicine of the AFIP; contract with the American Registry of Pathology for cooperative enterprises in medical consultation, education, and research between the Institute and the civilian medical profession; maintain a consultation and monitoring service to assist in the resolution of medicolegal cases for the Department of Defense and other Federal agencies; and receive donations of these items, materials, and medical artifacts that have a scientific, historical, or archival significance.

BOARD OF GOVERNORS

THE BOARD OF GOVERNORS of the Institute consists of the Assistant Secretary of Defense (Health Affairs), who serves as the Chairperson of the Board; the Assistant Secretary for Health, Department of Health and Human Services; the Surgeons General of the Army, Navy, and Air Force; the Chief Medical Director for the Department of Veterans Affairs; and a former Director of the Armed Forces Institute of Pathology. The Board of Governors meets quarterly, and, based on the recommendations of the Scientific Advisory Board and Institutional reports, establishes guidelines and broad administrative and professional policies in consonance with the medico-military objectives of the Institute. The Board met 23 February, 25 May, 14 September, and 14 December, 1994.

Stephen C. Joseph, M.D., M.P.H.
Assistant Secretary of Defense for Health Affairs
Department of Defense

Alcide M. LaNoue, LTG, MC, USA
The Surgeon General
United States Army

Harold Koenig, VADM, MC, USN
The Surgeon General
United States Navy

Edgar R. Anderson, Jr., Lt Gen, USAF, MC
The Surgeon General
United States Air Force

Philip R. Lee, M.D.
Assistant Secretary for Health
Department of Health and Human Services

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health
Department of Veterans Affairs

Vernon W. Armbrustmacher, Col, USAF, MC
Office of the Medical Investigator
University of New Mexico School of Medicine
Former Director, AFIP

SCIENTIFIC ADVISORY BOARD

THE CHARTER FOR THE AFIP SCIENTIFIC ADVISORY BOARD states that the basic term of office of civilian members shall be two years and that no civilian member may serve more than two terms in succession; it further states that terms shall be staggered to provide a rotating membership. The Board meets at the call of the Director, AFIP, to advise him on scientific and technical matters. Board members are selected from outstanding specialists in their respective fields of medicine. The Board met 18–19 May, and 16–17 November 1995.

Peter M. Banks, M.D.
Director, Anatomic Pathology
Department of Pathology
University of Texas Health Science Center

Maimon M. Cohen, Ph.D.
Professor of Obstetrics, Gynecology, and
Pediatrics
Chief, Division of Human Genetics
University of Maryland at Baltimore

Ramzi S. Cotran, M.D.
Chairman, Department of Pathology
Brigham and Women's Hospital

Kurt M. Dubowski, M.D.
George Lynn Cross Distinguished Professor of
Medicine, The University of Oklahoma School
of Medicine, Oklahoma City, OK

Leo T. Furcht, M.D.
Head, Department of Laboratory Medicine and
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Minneapolis, MN

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Food Safety Toxicology Center, Michigan State
University, East Lansing, MI

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University Medical School, Washington, D.C.

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Professor and Chairman, Department of
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Southern California, Los Angeles, CA

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MedLab Clinical Testing, Inc.
Wilmington, DE

James R. Patrick
Lucas County Coroner's Office
Toledo, Ohio

Donald T. Reay, M.D.
King County Office of the Medical Examiner
Seattle, Washington

Juan Rosai, M.D.
Chairman, Department of Pathology
Memorial Sloan Kettering Cancer Center
New York, NY

Alfred P. Sanfilippo, M.D., Ph.D.
Baxley Professor and Chairman
Department of Pathology, Johns Hopkins Medical
Institution, Baltimore, MD

Jerald R. Schenken, M.D.
President, The Pathology Center
Omaha, NE

MEMBERS FROM THE FEDERAL SERVICE

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Veterans Administration Medical Center
Ann Arbor, MD

Robert M. Friedman, M.D.
Professor and Chairman, Department of
Pathology, Uniformed Services University of
the Health Sciences, Bethesda, MD

Richard G. Hibbs, CAPT, MC, USN
Executive Officer, Naval Medical Research
Institute, National Naval Medical Center,
Bethesda, MD

Alan S. Rabson, M.D.
Director, Division of Cancer Biology &
Diagnosis, National Cancer Institute, National
Institutes of Health, Bethesda, MD

Charles H. Roadman, Maj Gen, USAF, MC
Director, Air Force Medical Operations Agency,
Bolling Air Force Base

Thomas R. Tempel, MG, DC, USA
Deputy Surgeon General
United States Army

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Assistant Secretary of Defense (Health Affairs)
Washington, DC

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Chief, Department of Pathology, Wilford Hall
USAF Medical Center, Lackland AFB, TX

Donald A.B. Lindberg, M.D.
Director, National Library of Medicine
Bethesda, MD

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Office of the Medical Investigator
University of New Mexico School of Medicine,
Albuquerque, NM
Former Director, AFIP

Robert L. Bumgarner, CAPT, MC, USN
Director, Ancillary Services
Naval Medical Center
San Diego, CA01

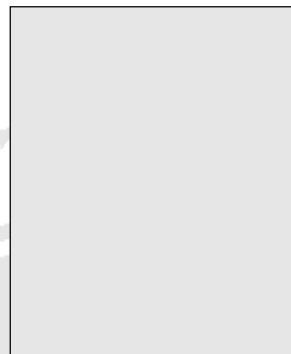


The Armed Forces

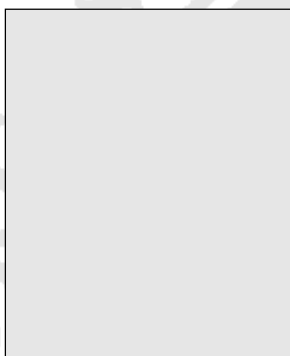
Institute of Pathology



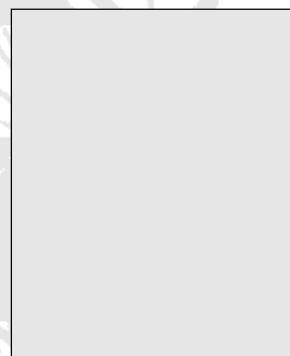
EXECUTIVE COMMITTEE



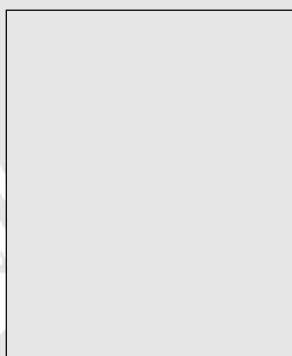
Michael J. Dickerson
Colonel, U.S. Air Force, MC
The Director



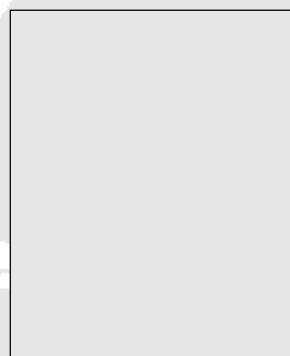
James C. Durham
Colonel, MC, U.S. Army
Deputy Director



Glenn N. Wagner
Captain, MC, U.S. Navy
Deputy Director



Kenneth Ledford, Jr.
Colonel, MSC, U.S. Army
Executive Officer



Florabel G. Mullick, M.D.
Associate Director
Director, Center for
Advanced Pathology

OFFICE OF THE DIRECTOR



THE DIRECTOR

Michael J. Dickerson
Colonel, USAF, MC
The Director

Vivian Simpson, Secretary



OFFICE OF LEGAL COUNSEL

Jeffrey S. Davis, LTC, JAGC, USA
Legal Counsel
Date of Appointment 19 June 1995

MISSION

The Office of Legal Counsel provides all legal advice and assistance to the Director and staff of the Institute.

STAFF

Legal

Jeffrey S. Davis, LTC, JAGC, USA, Legal Counsel

Administrative

Bernice Williams, Legal Assistant

LTC Larry D. Williams was the legal counsel until his retirement ceremony on June 28, 1995. He is now in private practice in the Washington metropolitan area.

LTC Davis, the new legal counsel, transferred to AFIP from the Pentagon, where he was on the staff of the Army Judge Advocate General as the chief of Opinions and Policy in the Labor and Employment Law Division.

The Office of Legal Counsel continued to provide the Director and staff of the Institute with a broad range of legal services. The most significant legal issues confronting the Institute in 1995 concerned intellectual property (patent and copyright issues). Legal reviews were also rendered in such areas as memoranda of agreements, affiliation agreements, government information such as the Freedom of Information Act and Privacy Act, civilian personnel law, and military personnel law. The office coordinated numerous requests to depose Institute staff and advised Institute staff at all deposition hearings. The legal counsel also served as the Institute ethics counselor and, in that capacity, provided ethics training and ethics opinions. The legal assistant is a notary public and is available to the Institute staff for all official business requiring notarization. Notary services are also provided to military personnel and their dependents for any legal matters requiring notarization.

GOALS

- Enhance and expand intellectual property opportunities
- Emphasize Government ethics responsibilities



CENTER FOR CLINICAL LABORATORY MEDICINE

Reimund G. Warnken
Col, USAF, BSC
Associate Director
Date of Appointment - 3 Aug 93

Donald E. Collings
CAPT, MSC, USN
Associate Director
Date of Appointment - 3 Aug 93

Charles V. Watson
LTC, MS, USA
Associate Director
Date of Appointment - 3 Aug 93

MISSION

The Clinical Laboratory Improvement Program Office (CLIPO) was established by DoD Directive 6440.2. It has been incorporated into the Center for Clinical Laboratory Medicine (CCLM). The mission of the office is primarily DoD program management of the Clinical Laboratory Improve-

ment Program (CLIP), the military's equivalent of the Clinical Laboratory Improvement Amendments (CLIA) of 1988. The second mission is to provide clinical laboratory expertise to AFIP. The Center develops, issues and updates the Tri-Service CLIP regulations, which establish the minimum quality assurance standards for medical laboratory operations and testing sites within DoD. The office identifies, registers, and certifies all appropriate testing sites within DoD and provides central contracting and regulatory oversight of laboratory proficiency testing (PT) performance. Direct intervention is taken to correct identified PT deficiencies. The Center provides regulatory reports and consultative services on clinical laboratory issues to each service's Surgeon General and the Deputy Assistant Secretary of Defense for Health Affairs (Professional Affairs and Quality Assurance) (DASD(HA) (PA&QA)).

ACCOMPLISHMENTS

Active-duty DoD clinical laboratory testing sites completed their registration with CLIP in 1995. Military Entrance Processing Stations (MEPS) also registered this year. Guard and reserve units are continuing the registration process. The following are registration statistics as of 31 Dec 95:

Army: 585 certificates with 1061 sites

Navy: 386 certificates with 709 sites

Air Force: 452 certificates with 1175 sites

The estimated cost of registration and accreditation certificates and inspection fees would have been in excess of \$1.8 million had we performed this process through HCFA.

Proficiency Testing (PT): All registered laboratories performing moderate- and/or high-complexity procedures are enrolled in centralized service-specific contracts for CY 96. Test results are sent directly to the AFIP for evaluation. New labs, identified during the 1995 registration process, have been added to the 1996 PT contract. There were 6,211 CAP surveys ordered for CY95 at a total cost of \$1.33M for DoD clinical laboratories. Each laboratory receives PT 3 times a year for each analyte tested. Regulated analytes have 5 samples per challenge, while unregulated analytes have one to three samples per challenge. All of the 6,211 surveys have more than one analyte whose performance is challenged. There were 722 labs with a one time unsatisfactory score for at least one analyte (unsatisfactory performance is defined by a score of less than 80 for any regulated analyte in a survey). Only 129 of the 722 labs failed the same analyte in two consecutive, or two of three consecutive PT cycles (unsuccessful performance). Only 5 of the 129 labs failed the same analyte on a third survey. CCLM becomes directly involved in evaluation of PT deficiency corrections at the unsuccessful performance stage.

Accreditation: Two hundred sixteen DoD laboratory facilities are accredited by the College of American Pathologists (CAP). Other hospital-based testing sites not CAP accredited are inspected by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Stand-alone clinics and MEPS are the two major testing sites that have never been inspected. These will be incorporated into the process during the next 2-year inspection cycle. The Commission on Office Laboratory Accreditation (COLA) is being evaluated as a possible accrediting agency for some of our smaller laboratories. Initial JCAHO inspections since CLIA have been very successful. Problems that have been cited have primarily been in the ancillary testing sites and concern director involvement and performance, recording and review of daily quality controls.

Tri-Service Regulation Status: An initial revision to the regulation was performed and reviewed by the Clinical Laboratory Improvement Advisory Committee (CLIAC). It will be staffed through the Army before going to the Navy and Air Force. The regulation will be short and consist of general information with a focus of where the DoD program differs from the civilian program. This regulation will be supplemented by a technical publication listing all of the specific requirements.

DoD CLIAC: The DoD CLIAC met during the January TRICARE conference. A draft charter and

minutes were referred to HA. The consultants and committee members were tasked to review the draft regulation and technical publication.

Education: Presentations were made to:

- a. The Society of Armed Force Medical Laboratory Scientists (both the CONUS and OCONUS meetings).
- b. The Military Entrance Processing Station Medical Directors' Training Conference.
- c. Air Force Biomedical Officer Management Orientation course.
- d. Navy and Army training offices on CLIP training requirements. CCLM personnel are directly involved in assisting each Service understand regulatory training requirements for laboratory personnel.

STAFF

Reimund G. Warnken, Col, USAF, BSC, Associate Director, Center for Clinical Laboratory Medicine (Air Force)

Donald E. Collings, CAPT, MSC, USN, Associate Director, Center for Clinical Laboratory Medicine (Navy)

Charles V. Watson, LTC, MS, USA, Associate Director, Center for Clinical Laboratory Medicine (Army)

Denis A. Barnard, SMSgt, USAF, Superintendent, Center for Clinical Laboratory Medicine (Air Force)

Valerie D. Miller, SFC, USA, NCOIC, Center for Clinical Laboratory Medicine (Army)

Cecilia I. Callahan, HMC, USN, LCPO, Center for Clinical Laboratory Medicine (Navy)

GOALS

March 1996—Attend Society of Armed Forces Medical Laboratory Scientists meeting. Present status of registration, identify problem areas, outline long term plan, identify anticipated changes by CLIAC.

Award DoD CLIP Certificates of Accreditation and/or Compliance.

Finalize and distribute Tri-Service regulation. Final draft is written and is submitted for staffing. Interim regulation, called DoD Clinical Laboratory Improvement Program, was distributed to each medical treatment facility along with registration package. We will update the present document in 1996.

Coordinate with national clinical laboratory accrediting bodies to obtain accreditation for those laboratories that are currently not inspected by any agency.

Identify and work for correction of problem areas in PT enrollment, lab directorship, and accreditation status.

Continue quarterly publication of OCLAB newsletter to include publication on World Wide Web.

Continue to work with service training programs to ensure a mechanism is in place by September 1997 to award graduates of laboratory training programs the 60 college credits necessary to perform high-complexity testing after 1 September 1997. (The associate degree requirement was changed to college equivalency hours in the 24 April 1995 *Federal Register*.)

Coordinate the development and implementation of a relational database that will incorporate the functions of all programs currently in use and allow retrieval of executive information. This will allow proactive, rather than reactive, oversight of medical laboratory testing.

Support the continued development and evolution of the Laboratory Joint Working Group.